

# AUDIT FOLLOW-UP REPORT

Of the Status of Recommendations from  
Department of Corrections and Rehabilitation

---

January 24, 2008  
Report No. 3022.1

January 24, 2008

Honorable John Hoeven, Governor  
Members of the North Dakota Legislative Assembly

A fundamental objective of the Office of the State Auditor's work is to bring about improvements through recommendations. To achieve this, our recommendations need to be timely and effectively implemented. The Legislative Audit and Fiscal Review Committee (LAFRC) has requested the Office of the State Auditor to perform follow-up work after presentation of performance audit reports to the Committee and to report those agencies which have not implemented audit recommendations.

The Office of the State Auditor conducted an audit follow-up on the performance audit of the Department of Corrections and Rehabilitation (report # 3022) dated November 24, 2004. Since the original performance audit report, the Department has undergone a major reorganization. In the summer of 2007, the Department combined adult offender and inmate areas into one division – Adult Services. This reorganization appears to be an appropriate move and assists in alleviating certain concerns we had previously noted with the Department (lack of cooperation, communication, etc. between divisions). Department representatives believe the reorganization has been working well. The Department should be commended for taking a proactive approach in this area.

Our conclusions in this report are based on limited reviews of information, and there is a possibility a more substantial review of information may have changed our conclusions. As a result of the follow-up review, 26 recommendations were determined to be fully implemented, 19 were determined to be partially implemented, 5 were determined to be not implemented, and 1 was determined to be no longer applicable.

Sincerely,

Robert R. Peterson  
State Auditor

---

# Table of Contents

---

## Status of Recommendations

Performance Audit No. 3022  
Department of Corrections and Rehabilitation  
Report Dated November 24, 2004

Transmittal Letter

### Chapter 1 Recommendations Fully Implemented

1. Using DOCR Pharmacy for YCC Drug Purchases .....	1
2. Ensuring Drugs are Obtained at a Reasonable Cost .....	1
3. Involving the State Penitentiary Pharmacist .....	1
4. Reallocating Inmate Population within DOCR .....	2
5. Ensuring an Appropriate Charge for Psychiatric Services .....	2
6. Modifying Medical Expenditure Amount Requiring DOCR Approval .....	3
7. Discontinuing Unnecessary Dental X-Rays .....	3
8. Creating a Dental and Hygienist Position .....	4
9. Reviewing the Use of Dentist and Hygienist at YCC .....	4
10. Increasing Dental Visits to JRCC .....	5
11. Making Changes with Dental Policies .....	5
12. Establishing a Full-Time Pharmacy Technician Position .....	5
13. Distributing Certain Medications Monthly Rather than Weekly .....	6
14. Studying the Use of Psychotropic Medications .....	6
15. Making Changes to the State Penitentiary Infirmary .....	7
16. Making Improvements with Daily Rate Calculations .....	7
17. Improving Field Services Count Information .....	8
18. Reviewing Good Time Release Requirements .....	8
19. Reviewing Parole Board Procedures .....	9
20. Making Changes to State Law .....	9
21. Establishing a Position to Oversee Treatment .....	10
22. Centralizing Contracting Functions .....	10
23. Centralizing Human Resource Functions .....	11
24. Establishing Department-Wide Policies Regarding Administrative Leave .....	11
25. Increasing the Effectiveness of Treatment Services .....	12
26. Monitoring Advancements Related to Meth .....	13

### Chapter 2 Recommendations Partially Implemented

27. Making Changes with Confinement of "Short-Term" Inmates .....	15
28. Temporarily Suspend the Plans for Constructing Beds .....	15
29. Determining Whether to Continue to Contract with the New England Facility .....	16
30. Ensuring Medicaid Rates are Obtained .....	17
31. Ensuring DOCR has Official Oversight Responsibility .....	18
32. Requiring a New Medical Director .....	18
33. Making Improvements with Mental Health Assessments .....	19
34. Obtaining an Electronic Medical Records System .....	20
35. Enhancing the Quality of Information .....	20
36. Making Improvements with Recidivism Information .....	21
37. Making Improvements with the Count of Inmates .....	21
38. Pursuing Requests for Higher Salaries .....	22
39. Pursuing Requests for Additional Staffing .....	23

---

## Table of Contents

---

40. Establishing a Unit to Oversee Operations.....	23
41. Improving Strategic Plan .....	24
42. Combining Similar Policies and Procedures.....	24
43. Making Improvements with Training.....	25
44. Increasing Programming .....	26
45. Enhancing Vocational Educational Programs .....	27
<b>Chapter 3 Recommendations Not Implemented</b>	
46. Modifying the Plan to House Maximum Security Female Inmates at New England .....	29
47. Having a DOCR Employee at the New England Facility .....	29
48. Centralizing the Pharmacy Function.....	30
49. Establishing a Master Plan .....	30
50. Integrating Information Management Systems .....	31
<b>Chapter 4 Recommendations No Longer Applicable</b>	
51. Establishing a Position for a Prisons Division Director .....	33

---

## Recommendations Fully Implemented

---

<b>Recommendation #1</b>	<b>We recommend the Department of Corrections and Rehabilitation use the pharmacy at the State Penitentiary for obtaining drugs for juveniles at the Youth Correctional Center rather than obtaining the drugs through a contract with a local vendor.</b>
<i>Original Condition</i>	We determined the Youth Correctional Center (YCC) could lower costs if they were to use the pharmacy at the State Penitentiary to fill prescriptions rather than acquiring prescriptions through a pharmacy at a local hospital.
<i>Action Taken</i>	The pharmacy at the State Penitentiary is now filling the prescriptions for juveniles at YCC.
<i>Result of Implementation</i>	In February 2006, the Department of Corrections and Rehabilitation (DOCR) conservatively determined YCC was saving over \$8,000 a month on pharmacy costs by having prescriptions filled at the State Penitentiary. This determination used prices of drugs obtained from the local pharmacy from a previous year and if current year prices had been obtained for the comparison, it is expected the difference would be even greater. Even with this conservative comparison, approximately \$96,000 a year is being saved.
<b>Recommendation #2</b>	<b>CJI recommends the Department of Corrections and Rehabilitation ensure the New England facility joins the Amerinet buy group to purchase drugs and if admission is denied, the Department should provide drugs to the facility and be reimbursed accordingly.</b>
<b>Recommendation #3</b>	<b>CJI recommends the Department of Corrections and Rehabilitation modify the contract for female inmate housing to authorize the State Penitentiary pharmacist to oversee the pharmacy providing drugs to the New England facility and to monitor prescription practices by psychiatrists at the New England facility.</b>
<i>Original Condition</i>	The cost of drugs at the New England facility was higher than the cost of drugs purchased by DOCR from the Amerinet buying group. The Medical Coordinator at the New England facility estimated buying drugs from Amerinet would reduce drug costs by one third. The contracted pharmacist for the New England facility stated psychiatrists were prescribing expensive psychotropic medications and many medications were changed before the initial drug had been given a chance to work.
<i>Action Taken</i>	The State Penitentiary pharmacy began providing services to the New England facility in April 2006. Other improvements over the monitoring of prescriptions such as linked computer systems and quarterly medical review processes have also been implemented.

---

## Chapter 1

### Recommendations Fully Implemented

---

*Result of Implementation* Improved monitoring of prescription practices identifies areas for improvement and assists in reducing costs. We identified the implementation of these two recommendations saves approximately \$100,000 a year. This is a conservative amount and used pharmacy costs from the fall of 2007 compared to costs incurred from a year and a half ago (pharmaceutical costs increased during this time).

---

**Recommendation #4** CJI recommends the Department of Corrections and Rehabilitation make even better use of the beds at the three adult facilities it operates and, assuming the male inmate population remains at or below its level in September 2004, return as many inmates as possible from Appleton, Minnesota to a Department facility to reduce costs.

*Original Condition* CJI stated a number of inmates were housed in DOCR facilities where their custody level was significantly below the security level of the facility. While there were a number of reasons why this may occur, CJI concluded certain transfers could be made. CJI stated savings could occur if certain transfers were made and inmates returned from a private prison in Appleton, Minnesota.

*Action Taken* Even though the male inmate population has been increasing (131 more inmates, on average, than at the time of the original performance audit), DOCR was able to increase the occupancy rates of its three facilities and returned the inmates from Appleton (final inmates returned August 1, 2006).

*Result of Implementation* We identified a cost savings of approximately \$665,000 a year for housing inmates at DOCR owned facilities as compared to Appleton (using an average of 45 inmates and a marginal cost rate of 20%). Also, inmates at a DOCR owned facility have opportunities for programming, education, etc. not otherwise available at Appleton.

---

**Recommendation #5** CJI recommends the Department of Corrections and Rehabilitation require the New England facility to modify their contract for psychiatric services so the charges are based on a flat hourly rate for all psychiatric services rather than a set fee for evaluations.

*Original Condition* Contracted psychiatrists at the New England facility charged \$220 for evaluations regardless of the time it took to complete. CJI stated this was a high fee and most psychiatrists in correctional facilities charged for work by the hour. CJI also stated a set fee makes it difficult to control costs and provides incentives for providers to perform unnecessary services.

*Action Taken* The contract for psychiatric services at the New England facility was modified to establish a flat hourly rate of \$135 for psychiatric services.

---

## Chapter 1

### Recommendations Fully Implemented

---

*Result of Implementation* Using a list of inmates seen by the psychiatrist in October 2007 and comparing what was billed and what would have been billed under the prior contract, we identified an annual savings of approximately \$56,000 (does not factor in inflation or rising costs of medical services).

---

**Recommendation #6** **CJI recommends the Department of Corrections and Rehabilitation modify the contract for the housing of female inmates to require Department approval for all medical procedures expected to exceed \$1,000 and add additional incentives to control medical costs.**

*Original Condition* The contract entered into for housing the female inmates required DOCR approval for all special procedures only after the total medical expenditures account reached a negative balance of \$50,000. CJI stated this was not effective in controlling costs as there was no incentive to keep medical costs down since DOCR became a safety net after the threshold was reached.

*Action Taken* The contract for housing female inmates signed in November 2005 does require prior approval for off-site medical services estimated to cost more than \$1,000. Based on a limited review and discussions with DOCR and New England representatives, the contract requirement appears to be followed. In addition, other improvements for controlling medical costs have been implemented.

*Result of Implementation* Proper oversight of expensive medical procedures ensures only necessary and reasonable procedures are performed which assists in reducing medical costs.

---

**Recommendation #7** **CJI recommends the Department of Corrections and Rehabilitation ensure only necessary dental x-rays are taken of female inmates at the New England facility.**

*Original Condition* Every female inmate sent to the New England facility was having full dental x-rays taken by a contracted dentist in Dickinson. New England facility staff appeared to believe the contract with DOCR required x-rays for identification purposes on all orientation inmates. CJI stated these x-rays were being taken unnecessarily.

*Action Taken* A formal policy has been established at the New England facility for dental care. Under the new policy, a nurse at the facility does a dental check of the inmate when they first arrive (no x-rays taken). Also, a new dentist located in Bowman has been contracted with and inmates scheduled to visit the dentist are transported to Bowman twice per month. The decision to take x-rays is the determination of the dentist. Through a limited review of inmate dentist appointments, we identified no unnecessary x-rays being taken.

---

## Chapter 1

### Recommendations Fully Implemented

---

*Result of Implementation* Cost savings result when only necessary dental x-rays are being taken of inmates.

---

**Recommendation #8** **CJI recommends the Department of Corrections and Rehabilitation take appropriate action to obtain state funded positions for a full-time dentist and hygienist.**

*Original Condition* DOCR contracted out all dental services needed for male inmates. The contract with the dentist identified a rate of \$1,800 per day for services at the State Penitentiary and \$1,400 per day at the James River Correctional Center (JRCC). CJI stated the daily rate was high even for a rural state and identified an average contractual rate for a dentist was usually \$75-\$85 per hour with \$100 per hour being the maximum and a contractual hygienist was usually paid \$30-\$40 per hour.

*Action Taken* FTE positions for a dentist and dental hygienist were approved by the 2005 Legislature. These DOCR employees now provide dental services to the State Penitentiary, JRCC, and the Youth Correctional Center.

*Result of Implementation* Increased dental services are provided to inmates at a lower cost per day (approximately \$850 per day compared to \$1,800 and \$1,400 per day).

---

**Recommendation #9** **We recommend the Department of Corrections and Rehabilitation determine whether the dental needs of the Youth Correctional Center can be addressed by state funded positions for a full time dentist and hygienist to alleviate the need for a contract for juvenile dental services.**

*Original Condition* YCC contracted with a local dentist for services and juveniles were taken to the dentist's office with costs being billed at Medicaid rates. In fiscal year 2004, YCC paid approximately \$23,000 for dental services. We concluded if DOCR were to receive positions for a dentist and hygienist, the continuation of the contract for dental services for juveniles should be reviewed as juveniles may be able to see DOCR's dentist and hygienist.

*Action Taken* FTE positions for a dentist and dental hygienist were approved by the 2005 Legislature. Dental services for juveniles at YCC are now performed by DOCR employees every other Monday.

*Result of Implementation* DOCR has more control on providing dental services to the juveniles at YCC. There appears to be a minimal cost savings for the dental services performed (approximately \$1,000 per year). However, this does not factor in the transportation costs avoided for having to transport juveniles to and from a local dentist office.



---

**Chapter 1**  
**Recommendations Fully Implemented**

---

**Recommendation #10**      **CJI recommends the Department of Corrections and Rehabilitation have the dentist be on-site at the James River Correctional Center twice a month every other month (18 times per year instead of 12) in order to reduce the backlog.**

*Original Condition*      The dentist DOCR contracted with for dental services at JRCC is on-site once a month. A long waiting list for dental services at JRCC was identified by CJI and they concluded the dentist should be on-site more often to reduce the backlog.

*Action Taken*      FTE positions for a dentist and dental hygienist were approved by the 2005 Legislature. Dental services are now performed by DOCR employees at JRCC twice a week.

*Result of Implementation*      DOCR has more control over the dental services provided at JRCC and the backlog has been eliminated.

---

**Recommendation #11**      **CJI recommends the Department of Corrections and Rehabilitation revise dental screening and exam policies which are costly and exceed American Correctional Association standards. The Department should:**

- a) **Change its policy requiring dental screenings on admissions who have not had a screening in the past 90 days to require dental screenings for admissions who have not had a screening in the past 6 months; and**
- b) **Change its policy requiring dental exams to be performed within 3 months of admission to require dental exams to be performed within 12 months of admission.**

*Original Condition*      In a review of DOCR policies related to dental screenings and exams, CJI stated certain DOCR policies exceed the requirements established by the American Correctional Association (ACA) which resulted in additional costs being incurred.

*Action Taken*      Through a limited review of policies, we determined policies and procedures regarding dental screenings and exams have been reviewed and modified to be consistent with requirements established by ACA.

*Result of Implementation*      The number of procedures being performed is reduced resulting in a decrease of dental costs.

---

**Recommendation #12**      **CJI recommends the Department of Corrections and Rehabilitation take appropriate action to obtain authorization to hire a full-time pharmacy technician to replace the three part-time technicians.**

---

## Chapter 1

### Recommendations Fully Implemented

---

<i>Original Condition</i>	There were three part-time pharmacy technicians who assisted the pharmacist at the State Penitentiary. The three technicians worked a total of 24 hours per week (cost of approximately \$20,000 a year). CJI concluded three contracted pharmacy technicians were not as useful as one full-time technician would be.
<i>Action Taken</i>	A FTE position for a pharmacy technician was approved by the 2005 Legislature.
<i>Result of Implementation</i>	The full-time pharmacy technician is available more hours to perform needed duties.

---

<b>Recommendation #13</b>	<b>CJI recommends the Department of Corrections and Rehabilitation distribute “Keep on Person” medications monthly rather than weekly.</b>
---------------------------	--

---

<i>Original Condition</i>	Through a review of “Keep On Person” medications (medications given to inmates to self-medicate), CJI concluded the medications were being distributed too frequently at the State Penitentiary. These prescriptions were being filled in a seven-day supply, rather than in a 30-day supply. This resulted in an increased workload for both the pharmacist and nursing staff since inmates had to come to medical four times a month rather than one time per month to receive their “Keep On Person” medications.
<i>Action Taken</i>	DOCR policies and procedures state “Keep On Person” medications will be administered with a 30 day supply per card. Though a limited review, we determined “Keep On Person” medications are being administered in a 30-day supply.
<i>Result of Implementation</i>	The Pharmacist and nursing staff time associated with these medications has decreased and medications do not need to be restocked as often.

---

<b>Recommendation #14</b>	<b>We recommend the Department of Corrections and Rehabilitation initiate an independent review of the use of psychotropic medications within the Prisons Division.</b>
---------------------------	---

---

<i>Original Condition</i>	Psychotropic medications are drugs prescribed to stabilize or improve mood, mental status, or behavior. An unusually large number of inmates were receiving psychotropic medications.
<i>Action Taken</i>	A review of psychotropic medications was completed in January of 2005 with no recommendations being made.
<i>Result of Implementation</i>	This independent review assured psychotropic medications were being used in an appropriate manner.

---

**Chapter 1**  
**Recommendations Fully Implemented**

---

**Recommendation #15**      **CJI recommends the Department of Corrections and Rehabilitation take appropriate action to obtain funding to make the State Penitentiary infirmary larger and more functional.**

*Original Condition*      CJI identified a number of shortcomings of the infirmary within the State Penitentiary concluding the infirmary was too small and seriously inadequate. As a result, inmates were transported to the hospital for treatment and services more often than would be necessary if the infirmary was more adequate.

*Action Taken*      For the 2007 Legislative Session, DOCR requested funding for facility needs (budget request of \$42 million). The 2007 Legislature approved funding for addressing correctional facility needs (\$41 million) but required a study to be conducted on prison facility alternative concepts and preliminary design development (approved \$250,000 for the study).

*Result of Implementation*      DOCR took appropriate action to obtain funding to address the seriously inadequate infirmary issues.

---

**Recommendation #16**      **We recommend the Department of Corrections and Rehabilitation develop formal policies and procedures for identifying the daily rate at their three adult facilities. At a minimum, the Department should:**

- a) Determine how expenditures at each facility will be identified;**
- b) Determine what population information is to be used for calculating rate information;**
- c) Ensure that population information is being tracked accordingly; and**
- d) Determine whether certain units within the facilities that are high in cost should be tracked separately.**

*Original Condition*      CJI stated there was no national standard on how to compute daily rates and corrections personnel around the country were struggling with this issue. DOCR had no formal policies or procedures for computing the daily rates for its facilities. We identified all expenditures for the three DOCR facilities were not specifically tracked by facility resulting in allocations based on inmate counts. Certain estimates in inmate populations also had to be used as not all data was readily available. We also identified certain units within the facilities were very high in cost causing the daily rate to be higher.

*Action Taken*      A policy has been established for computing the average daily cost of incarceration. Based on a limited review of the fiscal year 2007 daily costs, it appears DOCR follows the policy. The inmate population information used in computing the daily rate uses the same information as used in the daily count calculation. DOCR did consider tracking costs within certain units (such as the Special Assistance Unit at JRCC), but due to the difficulty in tracking personnel and medical costs, this was not done.

---

## Chapter 1

### Recommendations Fully Implemented

---

*Result of Implementation* An established policy for computing the average daily cost of incarceration should provide consistency for reporting such information and provide a means to monitor costs and trends more effectively.

---

**Recommendation #17** **We recommend the Department of Corrections and Rehabilitation make improvements to the data provided regarding offenders under the supervision of the Field Services Division to alleviate confusion regarding offender body count data and data related to the type of supervision offenders are on. Options the Department can consider include:**

- a) Making programming changes so that offender body count data is consistent with the data related to the type of supervision offenders are on;
- b) Determining if only body count data is necessary for information purposes; or
- c) Making changes to the information presented to clearly identify why data does not agree.

*Original Condition* In a review of information identified by the Field Services Division regarding offenders under the division's supervision, we identified information provided may not be as accurate as it could be and may lead to confusion regarding data on offenders.

*Action Taken* DOCR states it continues to need information separating offenders by supervision types. In order to make reports identifying offender count information less confusing, changes were made to the report. In a review of the report, we identified appropriate changes were made.

*Result of Implementation* Information regarding supervision types and offender counts provided by DOCR should be easier to understand.

---

**Recommendation #18** **We recommend the Department of Corrections and Rehabilitation, with assistance from the Office of the Attorney General, review North Dakota Century Code requirements related to good time granted to inmates for the purpose of reducing their sentence, and take appropriate action to modify or clarify sections to make the requirements clear and concise.**

*Original Condition* North Dakota Century Code (NDCC) Section 12-54.1-01 refers to granting inmates "good time" and results in a "good time release date" being identified for inmates which is earlier than the release date if an inmate were to serve their entire incarceration sentence. We noted a concern with DOCR's calculation of good time release dates as the good time was granted to inmates up front resulting in credit being given when an offender was not "incarcerated." In discussing this area with representatives of the Office of the Attorney General, there was ambiguity noted relating to the good time release date calculation. Due to apparent ambiguity in state law, clarification was required.

---

## Chapter 1

### Recommendations Fully Implemented

---

*Action Taken* NDCC Section 12-54.1-01 was revised by the 2005 Legislature to clarify how “good time” was to be calculated. DOCR along with the Office of the Attorney General reviewed state law and identified clarifying language.

*Result of Implementation* Ambiguity regarding granting good time has been clarified in state law.

---

**Recommendation #19** **We recommend the Parole Board review their policies, meeting procedures, and parole release date calculations with the Office of the Attorney General and ensure legal assistance is periodically being obtained to ensure the Parole Board is in compliance with state law requirements.**

*Original Condition* The Parole Board appeared to have been provided broad authority within state law to perform its functions. We noted concerns with the Parole Board’s granting of good time to offenders on parole as these offenders were neither inmates nor incarcerated as required in state law. The Office of the Attorney General suggested the Parole Board meet with their office in an attempt to clarify this area and review the Parole Board’s procedures.

*Action Taken* The 2005 Legislative Session added a new section to North Dakota Century Code Chapter 12-59 relating to the establishment and modification of parole expiration dates. Discussions were also held between representatives of DOCR, the Parole Board, and the Office of the Attorney General regarding how the Parole Board meetings are held and information is read at the beginning of each meeting to discuss the Parole Board’s authority, executive session issues, and other legal issues. Every two years, the Parole Board reviews its policies and procedures and submits changes to a representative of the Office of the Attorney General for review. Additional discussions take place as needed with a representative of the Office of the Attorney General and the Deputy Clerk of the Parole Board (a DOCR employee).

*Result of Implementation* The new section of law provides better guidance on parole establishment and modification and clarifies the granting of good time to offenders while on parole. Obtaining appropriate legal assistance will help ensure the Parole Board is in compliance with state law requirements.

---

**Recommendation #20** **We recommend the Department of Corrections and Rehabilitation take the appropriate steps to review all North Dakota Century Code sections pertaining to the Department and initiate action to modify or repeal sections to make them clear, concise, consistent, and up-to-date. The review should consider:**

- a) Sentencing and judgments related to the Department;**
- b) Use of the term inmate and offender;**
- c) Use of the term Warden and Director of the Department; and**
- d) Language related to the Division of Parole and Probation.**

---

## Chapter 1

### Recommendations Fully Implemented

---

<i>Original Condition</i>	Through a review of NDCC and discussions with representatives of DOCR, we identified concerns relating to language in NDCC not being clear, concise, and up-to-date.
<i>Action Taken</i>	DOCR has reviewed and updated NDCC sections identified in the original performance audit. DOCR along with the Office of the Attorney General reviewed applicable sections and identified those in need of modification.
<i>Result of Implementation</i>	Laws have been appropriately updated and are now clear and consistent.

---

<b>Recommendation #21</b>	<b>CJI recommends the Department of Corrections and Rehabilitation establish a central office position with oversight responsibilities for all treatment services within the Department. This position should be responsible for planning and program development across DOCR institutional facilities, Field Services Division, and contract programs.</b>
---------------------------	---

---

<i>Original Condition</i>	While CJI concluded DOCR's treatment system was well designed and coordinated, managers coordinated and planned services both formally and informally without a central person charged with system-wide responsibility to oversee all treatment services.
<i>Action Taken</i>	A FTE position for a Treatment Director was approved by the 2007 Legislature. This position is now responsible to coordinate and plan treatment services.
<i>Result of Implementation</i>	An individual with system-wide responsibility to oversee all treatment services will provide better coordination and monitoring of services.

---

<b>Recommendation #22</b>	<b>We recommend the Department of Corrections and Rehabilitation take appropriate action to centralize the contracting function.</b>
---------------------------	--

---

<i>Original Condition</i>	In a review of DOCR's contracts for services, we concluded there were minimal policies and procedures related to contracting. There was no central database for contracts at DOCR and not all divisions had established a means for identifying and/or tracking their contracts. Each division within DOCR established and monitored its own contracts as well as training staff in procurement procedures. As a result, DOCR was incurring additional time and costs in contracting and inconsistencies in contract language and monitoring existed.
<i>Action Taken</i>	The contracting function has been centralized with the establishment of a Grants and Contracts Officer. Policies and procedures have also been established to assist in centralizing the contracting function.

---

## Chapter 1

### Recommendations Fully Implemented

---

*Result of Implementation* The centralized contracting function ensures a qualified individual reviews information and minimizes the possibility of duplicate contracts for similar services.

---

**Recommendation #23** **We recommend the Department of Corrections and Rehabilitation take appropriate action to centralize the human resource function to enhance consistency with human resource policies, procedures, and practices.**

*Original Condition* In a review of areas related to human resources, we noted there was no centralized human resource function at DOCR. We determined divisions within DOCR did not consistently apply policies and procedures. DOCR had a Director of Human Resources within the Central Office but this position did not directly supervise other human resource personnel.

*Action Taken* As a result of the reorganization of DOCR, the human resource function has become centralized under the Director of Human Resources and human resource personnel are now directly supervised by the Director.

*Result of Implementation* By centralizing the human resource function, human resource policies, procedures, and practices are more consistently applied across DOCR.

---

**Recommendation #24** **We recommend the Department of Corrections and Rehabilitation develop department-wide policies and procedures for the use of administrative leave. At a minimum, the Department should:**

- a) Determine which temporary employees are eligible to receive administrative leave;**
- b) Establish accrual limits for administrative leave; and**
- c) Prohibit the carryover of accrued administrative leave when a temporary employee becomes a regular employee for the Department.**

*Original Condition* The Field Services Division was the only division allowing temporary employees to earn and accrue administrative sick and annual leave. A representative of the Office of the Attorney General stated temporary employees should not be allowed to accrue large administrative leave balances and administrative leave should not be carried over if the employee were to become a regular employee (full-time equivalent position). We identified large administrative balances and identified temporary employees carrying over their administrative leave balances when they became regular employees.

*Action Taken* DOCR worked with the Office of the Attorney General to develop department-wide policies regarding administrative leave for temporary employees. The policies address eligibility, accrual limits, and prohibit the carryover of administrative leave into a regular position. In a limited review, we determined DOCR complied with the policy.

---

## Chapter 1

### Recommendations Fully Implemented

---

*Result of Implementation* Consistent treatment of administrative leave for temporary employees exists and DOCR's procedures are consistent with guidance from the Office of the Attorney General.

---

**Recommendation #25** CJI recommends the Department of Corrections and Rehabilitation take the following actions to enhance the effectiveness of treatment services provided:

- a) At the longer term, in-house residential programs, provide core cognitive-behavioral programming during the orientation phase and repeat appropriate, offender-specific modules as a booster session with effective social learning programming being implemented through the remainder of the program;
- b) Design a program evaluation feedback system based upon key indicators (i.e., intermediate outcomes) for each program and expand the use of 'client satisfaction' surveys to all programs;
- c) Support individual program directors in the modification of core cognitive-behavioral programming with wraparound services as they deem appropriate to their unique target populations and settings; and
- d) Clarify the responsibility of contract service providers to address findings from the Correctional Program Assessment Inventory reviews to ensure providers are aware that they have flexibility in implementing recommendations from the reviews.

*Original Condition* CJI concluded certain improvements could be made to increase the effectiveness of treatment services. CJI stated as part of the long-term, in-house residential treatment programs, core cognitive-behavioral programming could be provided during orientation with repeat appropriate, offender-specific modules as a booster session. CJI identified a lack of program evaluation feedback system for each program. DOCR had relied on the Correctional Program Assessment Inventory (CPAI) reviews for ensuring program effectiveness. CJI stated not all combinations of program components had been studied by the academic researchers behind CPAI which could result in misinterpretation and possibly negative consequences. Also, according to program staff, the message they had received from the academic researchers was most of the clinical interventions DOCR was using were not only "ineffective," but a "waste of time."

*Action Taken* All treatment programs are now cognitive-behavioral based programming. The contracts with facilities include such language.

A client satisfaction survey is now to be completed by all inmates after receiving treatment. Programs to follow-up on those who have relapsed are currently still being established. However, to date these surveys



---

## Chapter 1

### Recommendations Fully Implemented

---

appear to be working well and the treatment department is receiving positive feedback.

Treatment staff appear to be receiving adequate amounts of support. The treatment department staff are put into teams and each team is assigned a supervisor. If a particular staff member has an issue, they are to discuss it with their appropriate supervisor and then the supervisor is responsible to handle the situation from there. The Treatment Director believes this process is working well.

A number of changes have been made to the contracts with contract service providers. Modifications have been made to include specific language and to list exactly what is expected of each facility.

#### *Result of Implementation*

The effectiveness of the treatment services has been enhanced.

---

#### **Recommendation #26**

**CJI recommends the Department of Corrections and Rehabilitation medical staff closely monitor advances in the research and treatment of methamphetamine addiction and adjust treatment protocols accordingly.**

#### *Original Condition*

CJI concluded the significant use of methamphetamine (meth) in North Dakota contributes to a higher rate of use of dental and psychological services due to the devastating effects of the drug on the teeth and dopamine levels in the brain. CJI stated meth was a major contributing factor in rising dental costs and had resulted in the increased amount of psychotropic medications prescribed for inmates.

#### *Action Taken*

DOCR subscribes to several reports online to assist them in keeping updated on treatment procedures for meth and other drugs. Research of meth use is always ongoing for the Medical Services Director at DOCR. The Medical Services Director also works closely with the University of North Dakota to complete research. DOCR identified several changes have been made in the treatment programs which are now completed at the pace of the inmate rather than at set intervals.

#### *Result of Implementation*

Staying current on advances in research and treatment of meth addiction allows for changes to be made to programs which will benefit inmates and assist them in rejoining society.

---

**Chapter 1**  
**Recommendations Fully Implemented**

---

*This Page Intentionally Left Blank*

## Recommendations Partially Implemented

---

**Recommendation #27** CJI recommends the Department of Corrections and Rehabilitation take appropriate action to formulate and implement a plan to confine convicted offenders under the jurisdiction of the Department only if they have more than a year and a day to serve when they are physically placed in the Department's control. This plan will require the active involvement of state policy makers, court representatives, and local officials.

**Recommendation #28** CJI recommends the Department of Corrections and Rehabilitation temporarily suspend the plans for constructing reception/orientation beds at the State Penitentiary and other proposed bed space additions, except for the improvements to the infirmary and medical areas, until the impact of implementing the preceding recommendation can be determined. If the state determines not to implement the plan, CJI recommends proceeding with all aspects of the capital construction project as currently proposed by an architect.

*Original Condition* In calendar year 2003, 457 of 998 inmates (approximately 46%) admitted to the Department of Corrections and Rehabilitation (DOCR) were to serve less than 365 days in DOCR's custody prior to their anticipated, or "good time," release date. CJI stated in most states offenders serve short sentences in county jails. CJI concluded if a plan could be approved for confining inmates with short sentences in local jails or in community-based programs, it would reduce the number of admissions and average daily population of DOCR.

*Action Taken* DOCR identified no changes to state law have occurred restricting the placement of offenders based on length of sentences. In November 2005, a letter was sent from the Director of DOCR to the courts and state's attorneys addressing the problem with short-term offenders and requesting their assistance with the issue. The Director requested judges and state's attorneys to consider three options when a sentence of one year or less is contemplated. In addition, DOCR also established a program in which inmates with 180 days or less to serve are potentially diverted from serving time in a DOCR prison facility. While the number of offenders in the program is low, DOCR stated the impact of the letter and subsequent changes by judges and state's attorney reduced the amount of eligible offenders for the program.

There have been no changes or additions to the bed space at the State Penitentiary. DOCR's budget request for the 2007 Legislative Session included a request to fund a prison expansion project but the plans have been placed on hold until a review of the immediate and future needs of the State Penitentiary has been completed.

---

## Chapter 2

### Recommendations Partially Implemented

---

#### *Management's Response and Future Action to be Taken*

DOCR agrees with the status of the recommendation.

The DOCR recognizes the negative impact that short sentenced offenders have on the State's correctional system and public safety. As noted above the DOCR has taken various steps to address this issue. To continue to raise the awareness of this negative impact, the DOCR will again send an informative letter to judges, state's attorneys and defense attorneys. The intent of letter is to raise awareness to this issue and to offer DOCR assistance in providing the court and attorneys with any necessary applicable information.

A study commissioned by the Legislative Council addressing the immediate and future needs of the State Penitentiary and the MRCC was recently completed. That study will be used by the executive and legislative branch to formulate a plan to address the facility needs of the State Penitentiary.

---

#### **Recommendation #29**

**We recommend the Department of Corrections and Rehabilitation take the following actions related to the New England facility:**

- a) Enter into a one or two year contract for the housing of female inmates;**
- b) Work with facility to implement recommendations for the cost savings identified in the audit as well as identifying additional areas where costs can be saved; and**
- c) Adequately monitor the operations of the facility to determine whether significant changes are made.**

**If the Department determines sufficient progress is not made within the contract period or the facility does not implement areas identified by the Department where cost savings could result, the Department should identify and review alternatives related to the housing of female inmates and pursue such alternatives if cost savings can be realized. Such alternatives could include:**

- a) Identifying the cost to either buy or lease the facility from the county consortium, identifying the cost for the Department to operate the facility itself using state employees and applicable contracts for services, and determining if the Department could operate the facility at a rate that would result in cost savings; and**
- b) Identifying other placement options that could be used, identifying the cost of such placement options, and determining whether other placement options would result in cost savings.**

---

## Chapter 2

### Recommendations Partially Implemented

---

<i>Original Condition</i>	In fiscal year 2004, we noted the housing rate at the New England facility for female inmates was approximately 12% higher than the housing rate of the three DOCR facilities (excluding medical costs). A housing increase of approximately 12% was anticipated for the 2005-2007 biennium. Also, throughout the original performance audit, a number of areas were identified where improvements were needed and costs could be reduced.
<i>Action Taken</i>	In November 2005, DOCR entered into a 10 year contract to house female inmates at the facility in New England. This long term contract was to show a commitment to the facility and provide certain assurances for an ongoing agreement. The contract does contain applicable language for termination due to a lack of funding from the legislature or failure to comply with contract provisions. In our review of information and in discussions with representatives at the New England facility, we determined DOCR has worked with the New England facility to implement recommendations from the original performance audit and has increased monitoring of the facility.
<i>Management's Response and Future Action to be Taken</i>	<p>DOCR agrees with the status of the recommendation.</p> <p>The DOCR and New England facility (Dakota Women's Correctional Rehabilitation Center) have developed a positive working relationship. Efforts continue on both ends to improve operations and to control costs.</p>

---

#### Recommendation #30

**CJI recommends the Department of Corrections and Rehabilitation ensure Medicaid rates (or the equivalent) are obtained for all New England facility medical expenditures and appropriate personnel at New England are involved in the review and approval of medical bills prior to payment.**

<i>Original Condition</i>	There was apparent confusion regarding billed amounts between the New England facility and the hospital used by the facility. For several months, the hospital either did not send bills for medical services provided or the bills sent lacked appropriate detail. Due to the problems with billing and because of an inability to obtain Medicaid rates (or the equivalent), CJI estimated \$36,000 in excess costs may have been incurred in the first ten months of operation of the New England facility. Also identified was a lack of accountability in reviewing medical bills for the New England facility.
<i>Action Taken</i>	Through discussions with representatives of DOCR and the New England facility, we noted Medicaid rates are obtained for medical services received by the female inmates outside the New England facility. Medical bills are typically sent directly to the Department of Human Services for processing. In our discussions with representatives of the New England facility, we identified no personnel are reviewing or approving the medical bills from the hospital prior to payment.

---

## Chapter 2

### Recommendations Partially Implemented

---

#### *Management's Response and Future Action to be Taken*

DOCR agrees with the status of the recommendation.

The medical departments of the DOCR and the Dakota Women's Correctional Rehabilitation Center (DWCRC) work closely together. Both parties are aware of the costs involved in providing medical care and work hard at keeping the lines of communication open. DWCRC medical staff regularly informs and consults the DOCR medical director and applicable medical staff regarding inmate medical needs / issues. DWCRC medical staff participates in DOCR medical staff meetings on a regular basis.

---

#### **Recommendation #31**

**CJI recommends the Department of Corrections and Rehabilitation modify the contract for the housing of female inmates to clearly state that the Department will have official oversight responsibility for all aspects of medical services at the New England facility in order to ensure compliance with standards, consistency in operations, and maintain fiscal control of medical expenses.**

#### *Original Condition*

CJI identified it was unclear to DOCR and the New England facility staff who had official oversight responsibility for medical services provided at New England. CJI concluded since New England was a facility under contract with DOCR, it was critical for DOCR to exercise full official oversight and monitoring of the services provided and costs being paid.

#### *Action Taken*

Through a review of the contract to house female inmates at the New England facility, we did not identify any language clearly stating DOCR has official oversight responsibility for all aspects of medical services. However, there are areas within the contract in which DOCR has oversight responsibility of certain aspects of medical services. Also, we identified improvements in DOCR's monitoring of medical services.

#### *Management's Response and Future Action to be Taken*

DOCR agrees with the status of the recommendation.

As noted in our initial response to this recommendation, the DOCR believes the administrators of the New England facility must be primarily responsible for the management of the medical services provided to and accessed by female inmates at the New England facility. However, the DOCR is well aware of and accepts its responsibility to ensure that medical services provided to female inmates at the New England facility are adequate and fiscally reasonable.

---

#### **Recommendation #32**

**CJI recommends the Department of Corrections and Rehabilitation ensure the New England facility contracts with a new Medical Director who will come to the facility to oversee service delivery, review charts, and see inmates as needed.**

---

## Chapter 2

### Recommendations Partially Implemented

---

<i>Original Condition</i>	The New England facility contracted with a doctor in Dickinson to be the Medical Director who oversaw medical services at the facility. The Medical Director would not come to the New England facility and was not providing the proper oversight of the nurse practitioner. Another Medical Director was actively being sought during the original performance audit.
<i>Action Taken</i>	While the New England facility did not contract with a new Medical Director, another contract was entered into in October 2007 with a doctor to supervise all duties of the nurse practitioner, complete chart reviews at least once per month, be on-site at least once per month, and see inmates upon referral by the nurse practitioner.
<i>Management's Response and Future Action to be Taken</i>	<p>DOCR agrees with the status of the recommendation.</p> <p>DWCRC stated the contracted Medical Director is available to see inmates referred to him for additional medical care or review at the Clinic in Dickinson.</p> <p>DWCRC has a contract with a physician who oversees the Family Nurse Practitioner's care and delivery of primary medical care to the inmates. In addition, the physician comes on site at least monthly to review charts and see inmates as needed.</p>

---

<b>Recommendation #33</b>	<b>CJI recommends the Department of Corrections and Rehabilitation ensure the New England facility has a specially trained nurse, counselor, or psychologist perform an intense mental health assessment on inmates requesting to see the psychiatrist.</b>
---------------------------	---

---

<i>Original Condition</i>	CJI identified an extremely high number of psychiatric visits, 428 visits, in the first 11 months of New England's operation. CJI also identified a high number of female inmates were prescribed psychotropic medications, typically prescribed to help inmates sleep. CJI concluded the number of inmates being seen by the psychiatrist could be reduced if a trained counselor, nurse, or psychologist conducted intense mental health screenings before being referred to the psychiatrist.
<i>Action Taken</i>	Female inmates requesting to see the psychiatrist are now seen by Treatment Department staff at the New England facility who make a recommendation as to whether or not the inmate should be seen by the psychiatrist. The Treatment Department staff use an informal process for screening the inmates and no intense mental health assessment is being completed.

---

## Chapter 2

### Recommendations Partially Implemented

---

#### *Management's Response and Future Action to be Taken*

DOCR agrees with the status of the recommendation.

DWCRC stated inmates who are requesting to be seen by the psychiatrist are first referred to the treatment department. A qualified staff from the treatment department determines if a referral to the psychiatrist is appropriate.

---

#### **Recommendation #34**

**CJI recommends the Department of Corrections and Rehabilitation purchase an Electronic Medical Records program once a suitable program is identified.**

#### *Original Condition*

CJI concluded DOCR was in need of a medical management module on the inmate management information system. An Electronic Medical Records (EMR) module would facilitate ease of use for providers while giving real-time information and access to help improve quality and timeliness of medical care.

#### *Action Taken*

DOCR was appropriated \$1,764,000 for a medical information system by the 2007 Legislature but has yet to purchase an Electronic Medical Records program.

#### *Management's Response and Future Action to be Taken*

DOCR agrees with the status of the recommendation.

The DOCR is currently reviewing and evaluating the EMRS requests for proposals. It is anticipated that a contract will be awarded in May 2008 work on the actual project beginning in June 2008. Project completion is estimated to be June 2009.

---

#### **Recommendation #35**

**We recommend the Department of Corrections and Rehabilitation take appropriate action to establish management controls to assist in ensuring information provided is consistent and accurate. The Department could consider establishing a centralized process which would include formally tracking data and monitoring requests for information received.**

#### *Original Condition*

DOCR had limited resources in the Central Office available for centralizing data gathering, generating information and reports, and verifying the information generated or reported was accurate. We identified information provided by DOCR was not always consistent or accurate. While the majority of the differences in information did not appear significant, we concluded improvements were needed.

#### *Action Taken*

DOCR has implemented a new policy and instructed the division directors to pass requested data through the Central Office for review before it is released outside DOCR. However, DOCR stated the policy has not been as effective as planned and in a limited review of information, we identified certain information being provided which was inaccurate (considered insignificant). DOCR stated they will soon



---

## Chapter 2

### Recommendations Partially Implemented

---

appoint one person to be responsible for information provided to the public.

#### *Management's Response and Future Action to be Taken*

DOCR agrees with the status of the recommendation.

The DOCR has appointed a public information officer. Additionally, the director of research continues to review adult services data sets and spot checks iTAG entries.

---

### **Recommendation #36**

**We recommend the Department of Corrections and Rehabilitation make improvements in calculating the recidivism rate. At a minimum, the Department should:**

- a) Establish formal policies and procedures for calculating the recidivism rate; and**
- b) Review previously calculated recidivism information and revise accordingly.**

#### *Original Condition*

In a review of DOCR's calculation of recidivism rates, we identified certain admissions being counted as a recidivist when they should not have been as well as DOCR including certain inmate releases which should not have been included in the calculations. As a result, we provided no recidivism information in the original performance audit report.

#### *Action Taken*

Policies regarding the collection, accuracy, and completeness of recidivism information have been established. DOCR plans to adopt a set of nationally recognized definitions and standards regarding recidivism set by the Association of State Correctional Administrators (ASCA) and is currently working on methods to collect and report recidivism per ASCA guidelines. Through a limited review of recidivism information and discussions with DOCR representatives, we concluded DOCR did review and correct previously calculated recidivism information.

#### *Management's Response and Future Action to be Taken*

DOCR agrees with the status of the recommendation.

The DOCR continues to collect recidivism data using the ASCA guidelines. A part-time employee has been designated to collect raw data. The director of research will compute the recidivism rates upon completion of the data collection.

---

### **Recommendation #37**

**We recommend the Department of Corrections and Rehabilitation make improvements with the processes and procedures used in identifying the count of inmates to increase efficiency and reduce duplication of effort.**

---

## Chapter 2

### Recommendations Partially Implemented

---

<i>Original Condition</i>	The Prisons Division completed a count report each day to identify the number of inmates under the control and custody of DOCR. For the inmates under the supervision and monitoring of the Field Services Division, both the Field Services Division and the Prisons Division were conducting inmate counts resulting in a duplication of effort. When the count information did not reconcile, additional time was spent in an attempt to reconcile the information.
<i>Action Taken</i>	Currently, a correctional supervisor is responsible to balance inmate counts from all the facilities. The counts from facilities other than the State Penitentiary are faxed, emailed, or called into the correctional supervisor while the counts from the State Penitentiary are entered into a daily count report by captains throughout the day. In our discussions with DOCR representatives, there still appear to be difficulties in the process but an internal committee is reviewing ways to improve the count process.
<i>Management's Response and Future Action to be Taken</i>	<p>DOCR agrees with the status of the recommendation.</p> <p>The DOCR is developing an automated web based program to gather information from county jails and correctional contractors to track the incarceration of inmates and community based offenders on a daily basis. It is intended that the program will provide the DOCR with an up to the minute count and location of inmates, parolees and probationers that are incarcerated or committed to a correctional contractor.</p>

---

<b>Recommendation #38</b>	<b>We recommend the Department of Corrections and Rehabilitation pursue requests for additional funds for compensation packages and/or salary adjustments giving consideration to salary equity issues within the Department and other entities.</b>
<i>Original Condition</i>	DOCR's management identified DOCR employee salaries were very low which was contributing to turnover and low employee morale. Based on a comparison of salary information as well as reviewing additional information, we determined DOCR salaries were lower compared to other state agencies and similar entities.
<i>Action Taken</i>	DOCR's budget request for both the 2005 and 2007 Legislative Sessions included additional funds for salaries. However, the full amounts requested were not approved. Additional salary dollars were provided to DOCR through specific appropriation amounts, cost savings, and equity pools of \$1.75 million for the 2005-2007 biennium and \$1.5 million for the 2007-2009 biennium. A need for additional funds for salaries still exists.

---

## Chapter 2

### Recommendations Partially Implemented

---

*Management's Response  
and Future Action to be  
Taken*

DOCR agrees with the status of the recommendation.

The DOCR will include in its 2009 – 2011 budget request funding to address salary equity issues.

---

#### Recommendation #39

**We recommend the Department of Corrections and Rehabilitation pursue requests for additional full-time equivalent positions giving consideration to information included in this report as well as information regarding staffing from previous studies and reports.**

*Original Condition*

Through a review of information and limited tests performed, we concluded DOCR requires additional staff. Our review identified a number of areas where staffing recommendations had previously been made, areas where additional costs may be incurred due to a lack of staffing, and areas where lack of staffing may pose a risk to the safety of DOCR employees, inmates, and the public.

*Action Taken*

DOCR's budget request for both the 2005 and 2007 Legislative Sessions included additional funds for more FTE. However, the full amounts requested were not approved. DOCR did receive an additional 33.10 FTEs for the 2005-2007 biennium and 34.01 FTE for the 2007-2009 biennium. A need for additional staff still exists.

*Management's Response  
and Future Action to be  
Taken*

DOCR agrees with the status of the recommendation.

The DOCR will include in its 2009 – 2011 budget request funding to provide additional FTEs.

---

#### Recommendation #40

**CJI recommends the Department of Corrections and Rehabilitation establish a unit within the Central Office dedicated to analysis, policy, planning, and monitoring that is appropriately staffed to ensure what should be happening is, in fact, occurring in a cost beneficial, timely, and proper manner.**

*Original Condition*

To direct and oversee the functions and operations of DOCR, CJI identified DOCR employs 18.5 full-time equivalent (FTE) employees in its Central Office located in Bismarck and in Field Services Division offices in various cities in the state. The 18.5 FTE is approximately 3% of the total FTE number at DOCR. CJI identified this percentage for other states' departments of corrections averaged approximately 6% of their total staff. CJI concluded DOCR's central and regional office should be in the range of 30 to 35 staff.

---

## Chapter 2

### Recommendations Partially Implemented

---

*Action Taken* Through the reorganization of the Department, a Director of Research position is located within the Central Office. However, there are no support staff for this position. Two research analyst positions were requested by DOCR in the 2007 Legislative Session but the positions were not approved.

*Management's Response and Future Action to be Taken* DOCR agrees with the status of the recommendation.  
  
The DOCR will continue to pursue additional research positions in its 2009 – 2011 budget request.

---

#### **Recommendation #41**

**We recommend the Department of Corrections and Rehabilitation make improvements to their strategic planning process and identify a strategic plan for the entire Department which contains measurable goals and/or objectives.**

*Original Condition* DOCR was conducting two separate strategic planning processes – one for the Division of Adult Services and one for the Division of Juvenile Services. There was no department-wide plan addressing priorities on a department-wide basis. We identified improvements could be made to the plan including establishing measureable goals and/or objectives.

*Action Taken* Through discussions with DOCR representatives and a limited review of strategic plans, it appears DOCR is making improvements to their strategic planning process. However, two plans are still being developed and measureable goals and/or objectives are not present throughout the plans. Through discussions with the Director of Administration, a comprehensive strategic plan for the entire department is to be considered.

*Management's Response and Future Action to be Taken* DOCR agrees with the status of the recommendation.  
  
As noted above, the DOCR strategic planning process is improving. The February 2008 strategic planning session included participants from the central office, the division of adult services and the division of juvenile services. Measurable goals and objectives that are applicable to both adult and juvenile divisions were developed.

---

#### **Recommendation #42**

**We recommend the Department of Corrections and Rehabilitation combine policies and procedures that exist in common or similar areas and establish guidelines for distributing revisions to policies and procedures to ensure applicable employees have reviewed revisions.**

---

## Chapter 2

### Recommendations Partially Implemented

---

<i>Original Condition</i>	Each division within DOCR had established their own policies and procedures. We identified the same or similar policies and procedures existed throughout the divisions and differences existed in how revisions to policies were distributed to employees.
<i>Action Taken</i>	In a limited review of policies and procedures and discussions with DOCR representatives, it appears DOCR is working on combining similar policies and procedures. We identified limited policies regarding distribution of policy revisions and no policies regarding employees reviewing such revisions.
<i>Management's Response and Future Action to be Taken</i>	<p>DOCR agrees with the status of the recommendation.</p> <p>As a direct result of the DOCR reorganization, all policies and procedures are being reviewed and combined when appropriate. Methods used to distribute proposed revisions and to encourage employee participation / review are evolving.</p>

---

<b>Recommendation #43</b>	<p><b>We recommend the Department of Corrections and Rehabilitation establish additional management controls relating to training. At a minimum, the Department should:</b></p> <ul style="list-style-type: none"><li><b>a) Ensure employees meet the established training requirements; and</b></li><li><b>b) Identify, compare, and combine similar training requirements and needs across divisions.</b></li></ul>
---------------------------	---

<i>Original Condition</i>	While DOCR had established training requirements for its employees, we identified certain employees had not received the amount of training required in policy. We identified similar areas where training could be combined across divisions.
<i>Action Taken</i>	As a result of the reorganization of DOCR, training has become centralized under a Director of Staff Development. Through discussions with the Director of Staff Development, commonly needed training across DOCR is now combined. A department-wide training assessment is planned to occur to identify training needs for the upcoming three years with the process then repeating. In a limited review of compliance with DOCR's training requirements, we identified improvements could be made.
<i>Management's Response and Future Action to be Taken</i>	<p>DOCR agrees with the status of the recommendation.</p> <p>As noted above, all DOCR training is now centralized under the director of staff development. The position resides in the central office and is responsible the management and development of all DOCR training resources.</p>

**Recommendation #44**

CJI recommends the Department of Corrections and Rehabilitation take the following actions to enhance the adequacy of treatment services provided:

- a) Conduct a feasibility study for the development of a community residential substance abuse treatment program (not within the Department's facilities) aimed at providing treatment for offenders with short sentences who are reportedly being sent to DOCR due to a lack of treatment availability in jails (this should be collaborated with courts and jails);
- b) Develop a Memorandum of Agreement (MOA) with DHS to provide training for community-based chemical dependency counselors on criminal justice population issues and to increase the capacity of the Human Resource Centers to serve offenders on community supervision (i.e., aftercare);
- c) Increase substance abuse staffing (i.e., two licensed addictions counselors) and provide increased programming at the Missouri River Correctional Center; and
- d) Support the Bismarck Transition Center in their efforts to develop a day treatment program and consider purchasing such services through an addendum to the contract with the transition center.

*Original Condition*

While there was alleged to be a "long waiting list" for services, CJI concluded they were not truly "active" cases on this list for whom access was either delayed or denied due to insufficient capacities. CJI stated interviews conducted indicated the vast majority of inmates in need of treatment were receiving it. At the Human Resources Centers, there were waiting lists for continuing care showing an apparent gap in services needed in the community. CJI stated the Missouri River Correctional Center (MRCC) was providing minimal substance abuse treatment programming due to limited staffing.

*Action Taken*

A feasibility study for the development of a community residential substance abuse treatment program has not been completed. While no Memorandum of Agreement was entered into with the Department of Human Services, both parties indicated communication has increased. They work together to obtain funding to provide training for community-based chemical dependency counselors on criminal justice population issues and to increase the capacity of the Human Resource Centers to serve offenders on community supervision. At MRCC, 3 FTEs were added to the substance abuse staff. The Bismarck Transition Center has increased its capacity and is currently providing more advanced treatment and aftercare to inmates, which works at the pace of the inmate.

---

## Chapter 2

### Recommendations Partially Implemented

---

#### *Management's Response and Future Action to be Taken*

DOCR agrees with the status of the recommendation.

In April 2008 the DOCR will replicate a study previously prepared in 2006, which provided an analysis of the offender population in the community. In 2006 the report indicated there was an overall need to request a significant increase in funding to establish more addiction services in the community for the offender population. DHS did receive support for the expansion of the Robinson Recovery Center and in 2008; DHS is allowing more access to the residential Robinson Recovery Center in Fargo by the DOCR offender.

The DOCR continues dialogue with the DHS and has developed a comprehensive agenda to facilitate a meeting with key staff of both agencies, and the Governor's Office. The desired result of the meeting is a comprehensive MOA between the two agencies.

Increased staffing, including substance abuse staffing, will be considered within the DOCR 2009-2011 budget request.

Programming at the Bismarck Transition Center has been expanded.

---

#### **Recommendation #45**

**We recommend the Department of Corrections and Rehabilitation expand the vocational education programs available to inmates.**

#### *Original Condition*

A previous study conducted of DOCR identified DOCR should expand the carpentry program to a full-time building trades program and offer the program at an additional facility. A formal computer instruction program for inmates should also be established. DOCR stated it had not expanded the vocational education programs due to a lack of funding.

#### *Action Taken*

The vocational education programs have not changed significantly in the last few years. There are plans to add more programs but funding is an issue. With the reorganization of DOCR, Roughrider Industries is now combined with the education department and this should further assist the education programs being expanded.

#### *Management's Response and Future Action to be Taken*

DOCR agrees with the status of the recommendation.

As a result of the DOCR reorganization, Rough Rider Industries and Adult Education Services are now organized and managed under the Adult Services Industries and Education Division. This adult services division is currently collaborating with ND Job Service, ND Workforce Development, Bismarck State College and Wahpeton State College of Science to bring new vocational education opportunities to inmates. To fully implement this audit recommendation, the DOCR will request additional funding related to vocational education in its 2009-2011 budget request.

---

**Chapter 2**  
**Recommendations Partially Implemented**

---

*This Page Intentionally Left Blank*



---

## Recommendations Not Implemented

---

**Recommendation #46**      **CJI recommends the Department of Corrections and Rehabilitation's maximum security female inmates not be confined at the New England facility as currently contemplated. These inmates could be housed in nearby state facilities designed to confine and treat high custody female inmates.**

*Original Condition*      The contract entered into by DOCR to house female inmates at New England required the facility to accept maximum security inmates by July 1, 2005. In order to house these inmates, significant renovations were needed and a loan estimated at \$300,000 was needed to pay for the costs. CJI concluded the higher custody inmates should not be housed at the New England facility due to the facility not being suitable for the management and treatment of high custody inmates and also due to a low demand for female maximum security cells.

*Action Taken*      The New England facility added a new addition to the building and opened up the Special Management Unit in May 2006. The new addition added five individual cells and is used for administrative segregation purposes. Maximum security inmates could be housed in the new cells for extended periods of time if need be.

*Management's Response and Future Action to be Taken*      DOCR agrees with the status of the recommendation.  
  
Due to the addition of maximum security cells, maximum security inmates can be housed at the New England facility.

---

**Recommendation #47**      **We recommend the Department of Corrections and Rehabilitation have a representative of the Department on-site at the New England facility to ensure adequate monitoring and oversight of its operations.**

*Original Condition*      DOCR's Classification Director along with the assistance of other DOCR personnel had been assigned the responsibility of monitoring the contract with the New England facility. DOCR received no additional resources for monitoring the facility. We identified DOCR having employees on-site at other contracted facilities used to house adult offenders.

*Action Taken*      While a DOCR employee is only on-site at the New England facility one to two times per month, we identified significant improvements made in monitoring the New England facility. We identified nearly daily contact between the facility and DOCR representatives using a variety of technology. A new management team at the New England facility exists and it appears a better working relationship exists with DOCR.

---

### Chapter 3

#### Recommendations Not Implemented

---

*Management's Response  
and Future Action to be  
Taken*

DOCR agrees with the status of the recommendation.

The DOCR is committed to assigning a .25FTE from our Dickinson DOCR Parole Office to be a DWCRRC monitor.

---

#### **Recommendation #48**

**CJI recommends the Department of Corrections and Rehabilitation provide pharmacy services at the James River Correctional Center through the pharmacy at the State Penitentiary. To accomplish this, the pharmacist position at the State Penitentiary should be updated to a pharmacy manager, in title and compensation, and a pharmacist or technician position should be created to work under the pharmacy manager.**

*Original Condition*

Pharmacy services at the James River Correctional Center (JRCC) were provided by two part-time pharmacists from the State Hospital. CJI concluded it would be less expensive to create a position of a pharmacy technician to fill JRCC orders (approximately \$24,000 for a technician compared to \$70,000 paid for the part-time pharmacists).

*Action Taken*

While JRCC has its own pharmacy, pharmacy services continue to be provided by two pharmacists from the State Hospital. DOCR identified a lack of staff to provide the pharmacy services at JRCC.

*Management's Response  
and Future Action to be  
Taken*

DOCR agrees with the status of the recommendation.

The DOCR will pursue additional positions in its 2009 – 2011 budget request that will allow for the proper staffing of the JRCC pharmacy.

---

#### **Recommendation #49**

**We recommend the Department of Corrections and Rehabilitation develop a comprehensive master plan for its facilities that includes operational, programmatic, and maintenance based improvements.**

*Original Condition*

DOCR operates three adult prison facilities and one juvenile detention facility. We identified, and a previous study conducted of DOCR identified, DOCR did not have a comprehensive master plan identifying and prioritizing facility improvement needs. DOCR noted such a plan had not been developed due to a lack of funding.

*Action Taken*

DOCR identified no master plan had been created due to a lack of funding. DOCR included \$200,000 for a master plan in their budget request for the 2007 Legislative Session. However, the request was not a high priority and was not included within the Executive Budget recommendation.

---

### Chapter 3

#### Recommendations Not Implemented

---

*Management's Response  
and Future Action to be  
Taken*

DOCR agrees with the status of the recommendation.

As a result of the 2007-2009 legislative session, legislative council commissioned a comprehensive review of the North Dakota State Penitentiary and the Missouri River Correctional Center. That review was published March 19, 2008. Regarding the other DOCR facilities (James River Correctional Center, and the Youth Correctional Center) funds to complete a master plan will be included in the DOCR 2009-2011 budget request.

---

#### **Recommendation #50**

**CJI recommends the Department of Corrections and Rehabilitation integrate the management information systems of the Prisons Division and Field Services Division. The integration should have the capacity to provide each program with the ability to monitor the flow of inmates through their programs and to obtain both intermediate and follow-up outcome data.**

*Original Condition*

No procedures or interfaces were in place to share data between the Department of Corrections Subject Tracking and Reporting System (DOCSTARS) and iTAG (the inmate management information system). This resulted in data being entered twice which increased the risk of errors and time spent entering data. The integration of the two systems was also identified by CJI as needing to be accomplished as there was a gross lack of basic DOCR inmate and program data.

*Action Taken*

While DOCR has implemented an interface with the systems, the two systems were not integrated. DOCR included \$3.75 million to share data between DOCSTARS and iTAG in their budget request for the 2007 Legislative Session. However, the request was not a high priority and was not included within the Executive Budget recommendation.

*Management's Response  
and Future Action to be  
Taken*

DOCR agrees with the status of the recommendation.

The DOCR will include in its 2009 – 2011 budget request funding to provide for the full integration of the DOCSTARS and ITAG information management systems.

---

**Chapter 3**  
**Recommendations Not Implemented**

---

*This Page Intentionally Left Blank*

## Recommendations No Longer Applicable

---

**Recommendation #51**      **CJI recommends the Department of Corrections and Rehabilitation take appropriate action to officially create a position of Director of the Prisons Division and obtain the funds for that position.**

*Original Condition*      Within DOCR, the Division of Adult Services was comprised of two divisions – the Field Services Division and the Prisons Division. Both of these divisions were overseen by a director but the Director of the Prisons Division was also the Warden of the State Penitentiary. Notwithstanding the fact the State Penitentiary was operating well, CJI concluded the Warden of the facility could not do justice to this position and Director of the Prison Division. Inherently, a conflict of interest would always be present as any warden would have difficulty in representing the interest of the Division at the expense of the State Penitentiary.

*Action Taken*      Through a reorganization of DOCR, the Prisons Division and Field Services Division were merged into one division – Adult Services. In this division, the Warden of the State Penitentiary reports to the Director of the Adult Services Division and no longer has the additional responsibility for the other prison facility within DOCR.